

COMMUTER HERD PERMIT NUMBER CO/WY2K12-\_\_\_\_\_

**SECTION I**

CO to WY \_\_\_\_\_ WY to CO \_\_\_\_\_ PLEASE CIRCLE STATE BELOW

**COLORADO INFO:**

Name/Ranch Name: \_\_\_\_\_  
Physical Address of Cattle: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cty: \_\_\_\_\_  
Tele: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
USDA Premises ID# (if applicable) \_\_\_\_\_

**WYOMING INFO:**

Name/Ranch Name: \_\_\_\_\_  
Physical Address of Cattle: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cty: \_\_\_\_\_  
Tele: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
USDA Premises ID# (if applicable) \_\_\_\_\_

No. of cattle to be pastured in **CO/WY**: Cows \_\_\_\_\_ Calves \_\_\_\_\_ Heifers \_\_\_\_\_ Bulls \_\_\_\_\_ Females OCV? \_\_\_\_\_  
Bulls Trich tested? \_\_\_\_\_  
Does this herd co-mingle with anyone else's herd in **CO/WY** \_\_\_\_\_ if yes, name/grazing association \_\_\_\_\_  
(con't)

Date of movement into **CO/WY**: \_\_\_\_\_ Date of return to **CO/WY**: \_\_\_\_\_

**SECTION II – Please read carefully and sign below**

1. I agree to move only cattle from my breeding herd, including breeding bulls, cows, and their calves. *Purchased feeder or other temporary use cattle (trader cattle) are not allowed to be included on this permit.*
2. The cows on this agreement are REQUIRED to be Official Calf-hood vaccinate for Brucellosis (Bangs vaccinated).
3. I agree to have all bulls tested for Trichomoniasis upon return to Colorado, after having been separated from female cattle for one week.
4. If my cattle become exposed to Brucellosis or Tuberculosis in either state, I will agree to any necessary testing as may be required.

HERD VETERINARIAN (Please Print): \_\_\_\_\_ Tele: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRODUCER SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III**

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*  
OFFICIAL APPROVAL

The above cattle owner is approved for the movement of his/her cattle between Colorado and Wyoming, as requested in this agreement for pasture.

\_\_\_\_\_ CO State Animal Health Official \_\_\_\_\_  
Date Signature

**OFFICIAL APPROVAL**

Upon the recommendation of your State Veterinarian, I hereby approve your application for the movement of cattle as specified and under the terms and conditions specified in your application.

\_\_\_\_\_ WY State Animal Health Official \_\_\_\_\_  
Date Signature